

Senator Bob Martin Eastern Agricultural Center

EMERGENCY

Equine Housing Program

(NEGATIVE COGGINS TEST MUST BE VALID)

Please list horses:

Name	Breed	Sex	Age	Stall	Warnings
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					

Owner / Responsible Party: _____
(responsible for charges & primary care)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Number: _____

Immediate Contact Number: _____

Date horse checked in: _____

Date horse checked out: _____

Number of bags of shavings: (2 bag minimum) _____

These arrangements are due to natural disasters only and **for EQUINE only**. No pets, NO cloven hoofed animals! Please help us to help you by providing all necessary information.

The RV sites can be used – HOWEVER, should not be used in wind situations over 60 mph.

FOR OFFICE USE ONLY

Barn _____

Stall No. _____

Paid: _____

Date: _____

Cash: _____ Yes _____ No

Check No: _____

This sheet must remain on front of stall.